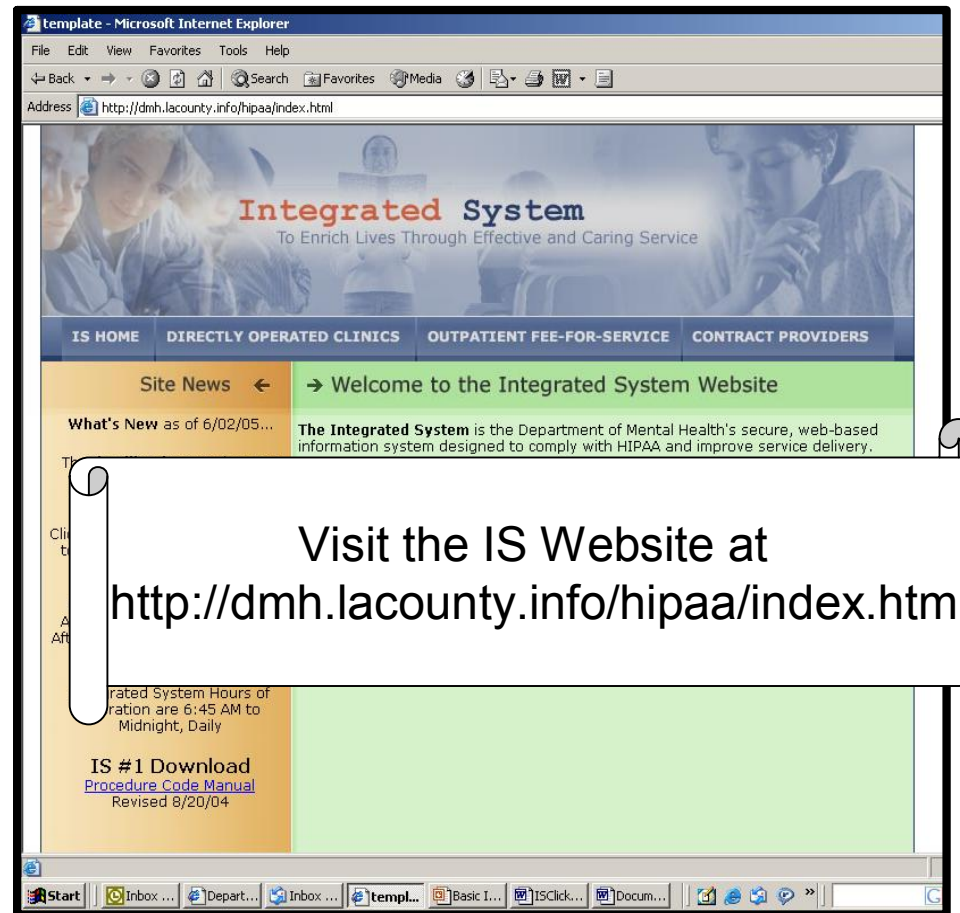


Basic Integrated System (IS) Training

Things to Keep in Mind

- All Patient Health Information (PHI), in this manual, is fictitious.
- Remember to use the help (?) icon.
- It is recommended that you understand the billing processes before using the IS.
- To return to the previous screen, always click on the Return button, under Options.
- Italicized fields must be completed.
- Dates must be entered as: 00/00/0000
- You will be logged off every 15 minutes when not using the system; you will have to click on the Home page to log back in.
- It is strongly recommended that you attend the PATS training on medications.
- You only have access to the Home and Clinical pages of the System
- MIS, IS, and DMH number are all the same.



Basic IS Training

1. Log in
2. Find a Client
3. Add a Client: Identification Screen
4. Add a Client: Contacts Screen
5. Add a Client: Financial Screen
6. Add a Client: Other Screen
7. Open an Episode: Admission Screen
8. Open an Episode: Diagnosis Screen
9. Add Services
10. Add a Claim, a Plan and Payer (s)
11. Void and Resubmit a Claim
12. Add a Prescription: Rx Card Info, Drug Allergies Screens
13. Add a Prescription: Med Order and Write Rx Screens
14. Add a Prescription: Approval, Renew and Refill
15. Close an Open Episode: Discharge and Diagnosis Screens
16. Groups
17. Community Outreached Services (COS)

Use Keyboard Shortcuts!

Avoid using the Mouse.

- The Tab key will take you through every field on the screen.
- Shift-Tab will take you backwards through those fields.
- Down Arrows and characters to go through drop-down lists.
- The Space bar will check and uncheck boxes.
- The Enter key will activate buttons.

EXERCISE 1

Log In:

- As a DMH Employee:
<https://dmhisintra.co.la.ca.us>
- As a DMH Contracted Provider:
<http://dmh.lacounty.info/hippa/index.html>
- The Home Page
- How to Set Provider Context

Note:

- If you are a first time user, you will be asked to change your password.
- You will then be prompted to a privacy policy statement. Click accept to proceed.

Log In – DMH Workers

1. If you are a DMH employee, go to...

2. Enter your first initial and last name

3. Enter password, dot, and your birth month and day, e.g.
password.0104

4. Click

The screenshot shows a web browser window with the address <https://dmhisintra.co.la.ca.us/Home/Public/Login.aspx>. The page header includes the Los Angeles County Department of Mental Health logo and navigation links: Home, Clinical, Adminis, and CIOB. The main heading is "Sign In". Below this, there are two input fields: "User ID:" with the text "sazariah" and "Password:" with masked characters. A large block of text provides a disclaimer about computer system usage. At the bottom right, there is a "Sign In" button. Four numbered callouts are present: 1. Points to the browser address bar. 2. Points to the User ID field. 3. Points to the Password field. 4. Points to the Sign In button.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Adminis CIOB

Sign In

User ID:

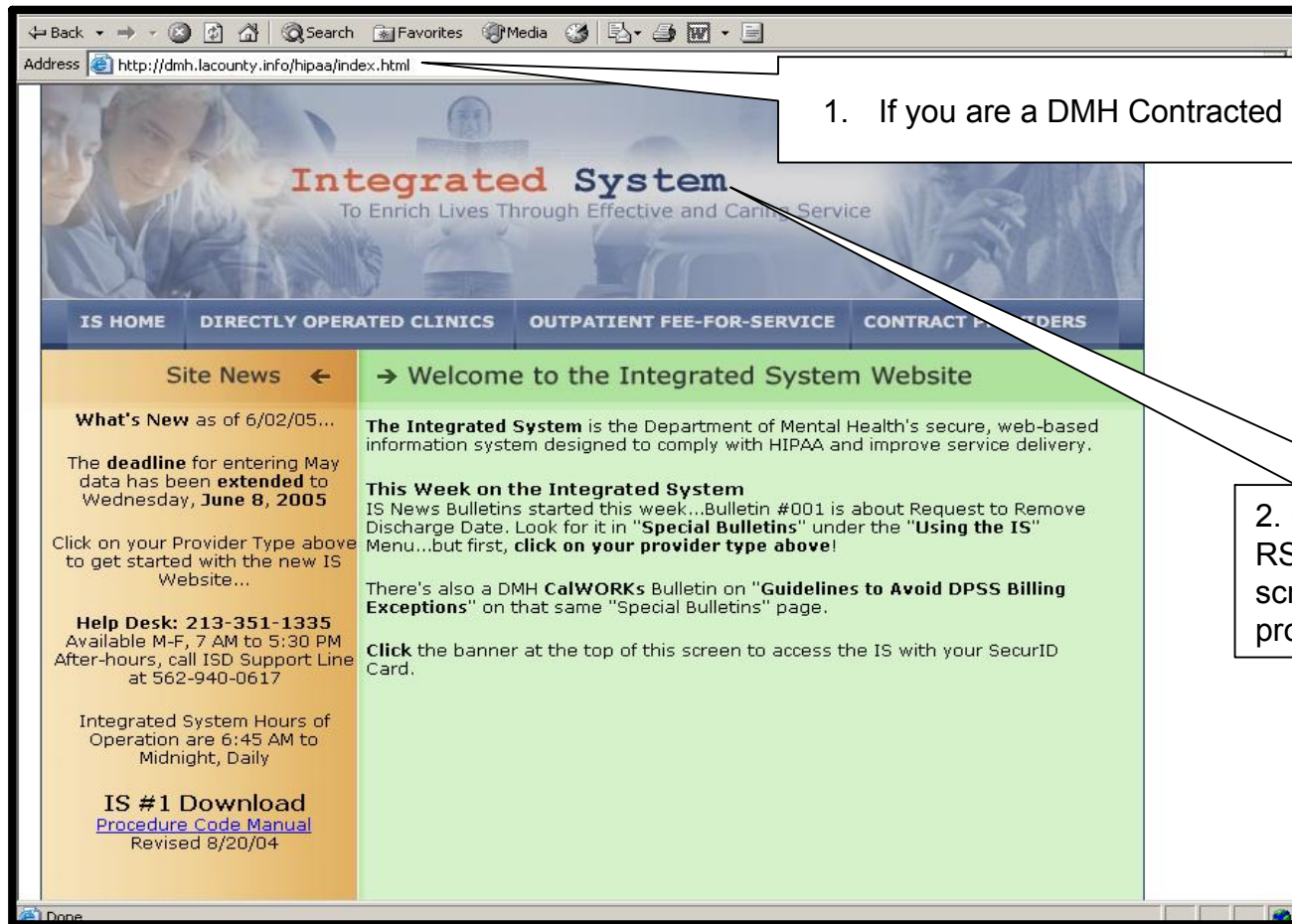
Password:

These computer systems including all related equipment, networks, and network devices are the property of the County of Los Angeles. These computer systems are provided for authorized use only and may be monitored for all lawful purposes. All information placed on or sent over these computer systems may be examined, recorded, copied, and used for other authorized purposes during monitoring. Use of these computer systems, authorized or unauthorized, constitutes consent to monitoring. Evidence of unauthorized use may be used for administrative, criminal, or other adverse action. Unauthorized users may be subject to criminal prosecution. By continuing, you agree to these terms.

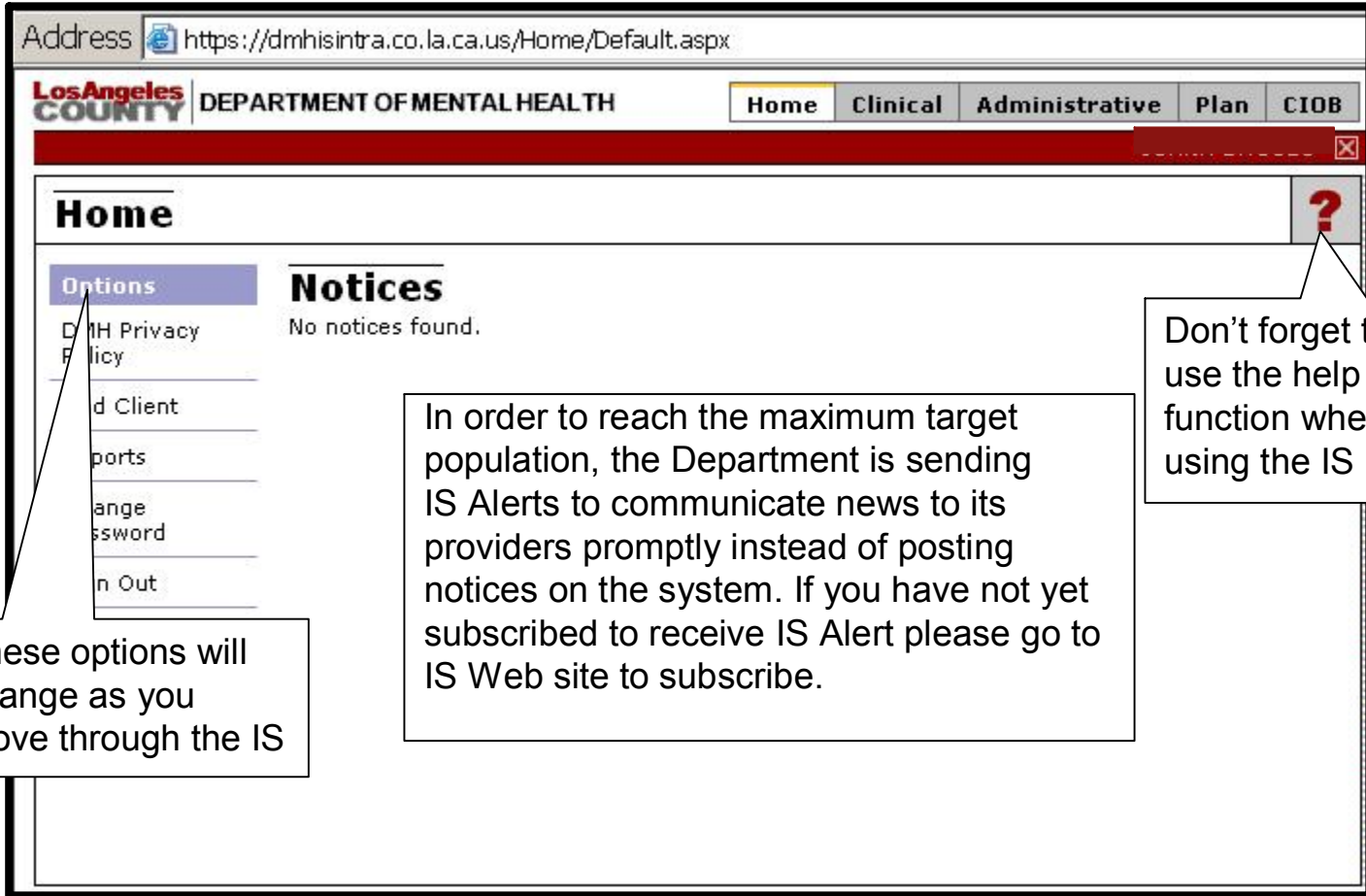
Sign In

Confidential patient information, see California Welfare and Institution Code section 5328.

Log In with a SecurID Card



The Home Screen



How to Set Provider Context

The screenshot shows a web browser window with the address `https://testdmhisintra.co.la.ca.us/ClinicalWeb/ProviderSelection.aspx`. The page header includes the Los Angeles County Department of Mental Health logo and navigation tabs for Home, Clinical, and Administrative. The main heading is "Provider Selection". Below this, there are two dropdown menus: "Billing Provider" with the selected value "1904-ANTELOPE VALLEY MHS" and "Service Location" with the selected value "1904A-ANTELOPE". A "Submit" button is located at the bottom right. A link at the bottom left reads "Use previous Provider ID".

1. Click to get started

2. Your provider information will automatically appear here

3. Select your service location/reporting unit from the drop down list

4. Click

[Use previous Provider ID](#)

EXERCISE 2

Find a Client:

- Using Client List and Filter Clients
- Using Search by ID
- Using Search by Custom Criteria
- Result Screen

Find a Client: Using Client List and Filter Clients

Click

Click to sort list

Click DMH ID # to view client information

Select the field to filter by

Enter information

Click

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB

7275-CHILDRENS : 7275A-CHILDRENS jbagues

Find Client

Options

- Return
- Change Provider
- Client CaseLoad
- Client List
- Daily Log
- Manage Groups

☒ Search by ID.

Type: ID:

☐ Search by Custom Criteria.

Last Name:

First Name:

Middle Initial:

Birth Date: Or Age:

Gender:

Search Clear

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB

1904-ANTELOPE V: 1904A-ANTEI jgarciabagues

Client List

| DMHID | Client Name | Phone | Primary Contact | Primary Language | UMDAP Date | SFPR |
|-------|--------------------|----------------|-----------------|------------------|------------|------|
| 1 | Tester,ExampleBill | (213) 121-1212 | ARROYO-012493 | 01-English | | |
| | Tester,ExampleBon | (121) 121-1212 | COON-E494287 | 01-English | | |
| | Tester,ExampleJom | (213)121-1212 | ARROYO-012493 | 01-English | | |
| | Tester,ExampleLanr | (213) 454-1212 | COON-E494287 | 01-English | | |

Filter Clients

Filter By:

For:

Search

Find a Client: Using Search by ID

Address <https://traindm>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Find Client

Options

☒ Search by ID.

Type: DMH ID: 0000000

☐ Search by C

Last Name:

First Name:

Middle Initial:

Birth Date: Or Age:

Gender:

1. Click

2. Select

3. Select

4. Enter the 7 digit DMH ID

5. Click

Client Case

Options

Return

Change Provider

Find Client

Daily Log

Client List

Filter Clients

Filter By:

First Name

For:

Search

Search **Clear**

Find a Client: Using Search by Custom Criteria

The screenshot shows a web application for the Los Angeles County Department of Mental Health. The header includes the department name and navigation tabs: Home, Clinical (selected), Administrative, Plan, and CIOB. Below the header, there is a breadcrumb trail: 7100-SFV CMHC CENTE:7100A-SFV CMHC and a user name: jgarciabagues. The main content area is titled 'Find a Client'. On the left, there is a sidebar with 'Options' and a list of links: Return, Change Provider, Client CaseLoad, Client List, Daily Log, and Manage Groups. The main search area has two radio buttons: 'Search by ID.' and 'Search by Custom Criteria.' (which is selected). Below these, there are input fields for 'Type:' (set to 'DMH') and 'ID:'. The 'Search by Custom Criteria' section includes fields for 'Last Name:' (TestClient), 'First Name:' (Example), 'Middle Initial:', 'Birth Date:' (07/12/1970), 'Or Age:' (empty), and 'Gender:' (a dropdown menu with 'Male', 'Female', and 'Unknown' options). At the bottom right, there are 'Search' and 'Clear' buttons. Four numbered callouts are present: 1. Select (pointing to the 'Search by Custom Criteria' radio button), 2. Complete Information on this page (pointing to the top right area), 3. Enter approximate age (pointing to the 'Or Age:' input field), and 4. Click (pointing to the 'Search' button).

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

1. Select

2. Complete Information on this page

Options

Return

Change Provider

Client CaseLoad

Client List

Daily Log

Manage Groups

☐ Search by ID.

Type: DMH ID:

☒ Search by Custom Criteria.

Last Name: TestClient

First Name: Example

Middle Initial:

Birth Date: 07/12/1970 Or Age:

Gender:

Male

Female


Unknown

3. Enter approximate age

4. Click


Search Clear

Find a Client: Results Screen

Address  https://traindmhisintra.co.la.ca.us/ClinicalWeb/FindClientResults.aspx

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1 

Find Client Results

Options No records found meeting the criteria specified.

Return


Add Client

2. Click to add a new client

1. This message will appear if the client is new

Filter Clients

Filter By:

Name 

For:

Search

EXERCISE 3

Add a Client: Identification Screen

- Enter Client Information

Note:

- You must first do a Client Search, before adding a new client.
- The system will bring-up the option to add a client only if a client does not exist.

Add a Client: Information

DMHISP | Clinical | Client | Identification - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://traindmhisintra.co.la.ca.us/ClinicalWeb/ClientIdentification.aspx>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY:1904A-ANTELOPE jflynn

Client Information

Options Return

Identification Contacts Financial Other Groups XRef MCal Benefits

Name Last: First: Middle:

AKA Last: First: Middle:

SSN: MM Name: LOC:

Gender: DOB: Age: 0

Primary Lang: Pref Lang:

Marital Status: Education:

Ethnicity: APR:

Origin: Tribe:

Employment:

Handicap:

Living Arrngmnt:

Conservatorship: Veteran:

Date Of Death: English Speaking: ☐

Cancel Continue

If SSN is unknown, enter 999999999

Agency of Primary Responsibility (APR) is required if client is less than 18 years old

Confidential patient information, see California Welfare and Institution Code section 5328.

Add a Client: Ethnicity

DMHISP | Clinical | Client | Identification - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail

Address Go Links

Los Angeles DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY:1904A-ANTELOPE jflynn

Client Identification

Navigation Contacts Financial Other Groups XRef MCal Benefits

First: Middle:

AKA First: Middle:

SSN: MM Name: LOC:

Gender: DOB: Age: 0

Primary Lang: Pref Lang:

Marital Status: Education:

Ethnicity: APR:

Origin: Tribe:

Employment:

Handicap:

Living Arrngmnt:

Conservatorship: Veteran:

Date Of Death: English Speaking: ☐

Cancel Continue

If Ethnicity is 03-Hispanic, you must select the Origin

If Ethnicity is 04-American Native, you must indicate the Tribe

Click

Confidential patient information, see California Welfare and Institution Code section 5328.

EXERCISE 4

Add a Client: Contacts Screen

- Enter Client's Contact Information
- Enter Client's Other Contact (s) Information
- Edit Client's Other Contact (s) information

Add a Client: Contact Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | Home | **Clinical** | Administrative | Plan | CIOB

7100-SFV CMHC CENTE:7100A-SFV CM | jgarciabagues [X]

Client Information

Client: TestClient , Example (not enrolled) ?

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification | **Contacts** | Financial | Other | Groups

ClientAddress

Transient/Homeless ☐ Time Homeless: []

Address 1: [160 Example Street] Address 2: []

City: [Los Angeles] County: [] State: [CA] Zip: [90005]

Phone: (h) [(213)121-1212] (w) []

Address Memo: []

Other Contacts

| | Name | Type | Phone | Email | Add'l Details |
|---|------|------|-------|-------|---------------|
| + | | | | | |
| 1 | | | | | |

Click to add other contacts

Click

Cancel Continue

Address is required if the client is not homeless

Add Client: Other Contact (s) Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Contact Information

Client: TestClient , Example (not enrolled) ?

Options

Return

Last Name: TestContact First: FakeContact Middle:

Contact Type: Family

Address 1: 1212 Example Place

Address 2: Apt. 12

City: Los Angeles

State: CA

Zip:

Phone (Home): (213) 213-1212

Phone (Work):

Email:

DMH Id:

☐ Do not contact

Select if contact person should NOT be contacted

Enter ID if client's children enrolled in Full Service Partnership (FSP)

Click

Save Cancel

Add a Client: Edit Other Contact Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciaabagues

Client Information

Client: TestClient , Example (not enrolled)

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** Financial Other Groups XRef MCal Benefits

ClientAddress

Transient/Homeless ☐ Time Homeless:

Address 1: Address 2:

City: County: State: Zip:

Phone: (h) (w)

Address Memo:

Other Contacts

| | Name | Type | Phone | Email | Add |
|---|-----------------------|--------|--------------|-------|---|
| 1 | TestContact, FakeCont | Family | (213) 213-12 | | <input type="text" value="1"/> <input type="text" value="1"/> |

Click to edit

"I" shows the contact info

The trash can deletes information

Click

Cancel Continue

EXERCISE 5

Add a Client: Financial Screen

- Enter Client's Financial Information
- Enter Client's Benefit Type
- Enter Client's Benefit Information

Add a Client: Financial Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Information

Client: TestClient , Example (not enrolled)

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** **Financial** **Other** **Groups** **XRef** **MCal Benefits**

UMDAP Date: 02/08/2008

Service Location:

Family Income (\$): 300.00

Source of Income: SSI

of Dependents: 1

Annual Liability (\$): 0.00

Client Reported Benefits

| Type | Description | ID Number |
|------|-------------|-----------|
| | | |

Click to add Medi-Cal or Other benefits

This field is for client's initial or annual UMDAP date

Cancel Continue

Add a Client: Benefit Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE;7100A-SFV CMHC jgarciabagues

Benefit Information

Client: TestClient , Example (not enrolled) ?

Options

Return

Type:

Description:

HMO/PHP:

ID Number:

Champus
Client/Family
HMO/PHP
Insurance/Third Party
Medicare
Other County
SD/Medi-cal

Select benefit type

Cancel Save

Add a Client: Benefit Information

The screenshot shows a web application interface for the Los Angeles County Department of Mental Health. The top navigation bar includes links for Home, Clinical (selected), Administrative, Plan, and CIOB. Below the navigation bar, the user is logged in as jgarciabagues. The main heading is "Benefit Information" for Client: TestClient, Example (not enrolled). On the left, there is an "Options" menu with a "Return" link. The main form area contains several input fields: "Type" (SD/Medi-cal), "Description" (empty), "HMO/PHP" (empty), "CIN" (00000000A), and "Card Issue Date" (1/1/2006). A callout bubble points to the CIN field with the text: "For Medi-Cal Beneficiaries, the CIN (eight digit number followed by an alphabet), and card issue date are required". At the bottom right, there are "Cancel" and "Save" buttons, with a callout bubble pointing to the "Save" button with the text: "Click".

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Benefit Information

Client: TestClient, Example (not enrolled)

Options

Return

Type: SD/Medi-cal

Description:

HMO/PHP:

CIN: 00000000A

Card Issue Date: 1/1/2006

For Medi-Cal Beneficiaries, the CIN (eight digit number followed by an alphabet), and card issue date are required

Click

Cancel Save

EXERCISE 6

Add a Client: Other Screen

- Set the Single Fixed Point of Responsibility (SFPR) or Special Program
- Save the Client Information
- Enroll Client
- Check Eligibility

Add a Client: Other Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciaabagues X

Client Information

Client: TestClient , Example (not enrolled) ?

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Other** Groups XRef MCal Benefits

SFPR

☒ Provider

☐ Special Program

Birth Information

Last Name:

County:

Mother's First Name:

Like Clients

| Client ID | Client |
|-----------|--------|
| 1 | |

Click to set the client's SFPR

Click to select a rendering provider name

ADAMS, CASSANDRA-[SFV9368]
AJILORE, OLUSOLA-[SFV4834]-[07/31/2007]
ALI, FARHANA-[SFV4755]
AMES, MICHAEL-[0008022]
ANDERSON, KAREN-[SFV8420]
ANGEL, DONNA-[SFV5042]
ANGLIN, RHONDA-[SFV4755]
APPLEBERY, PATRICIA-[SFV3042]
BABAYAN, OPEYEMI-[SFV4337]
BASSION, AN-[SFV4169]

Save Cancel

Add a Client: Other Screen

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical

Client: Tester, ExampleDenny

Client Information

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification

SFPR

☐ Provider

☒ Special Program

Birth Information

Last Name:

County:

Mother's First Name:

Like Clients

| Client ID | Client |
|-----------|--------|
| 1 | |

1904-ANTELOPE V

Click for the Special Program

Click to select the Special Program name

AB34
ACT
FCCS
Foster Care
FSP-Adult
FSP-Child
FSP-Older Adult
FSP-TAY
Wellness Center

Save Cancel

Add a Client: Other Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Client Information

Client: TestClient , Example (not enrolled) ?

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** **Financial** **Other** **Groups** **X**

SFPR

☒ Provider ADAMS, CASSANDRA-[SFV9368]

☐ Special Program

Birth Information

Last Name: First: Middle:

County: LOS ANGELES State: CA Country: United States

Mother's First Name:

Like Clients

| Client ID | Client Name |
|-----------|-------------|
| 1 | |

3. Click to enroll client and get a DMH ID #

4. Or click 'Save' to enroll later

1. If Country is United States, you must select a state

2. If State is CA, you must select a county

Save Cancel

Enroll a Client

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTEI jgarciabagues

Client Information

Client: Testing

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** **Financial** **Other** **Groups**

SFPR

☒ Provider

☐ S

Birth Info

Last Name

County

Mother's First Name

Like Client:

Client ID

1

SSN

Save Cancel

Microsoft Internet Explorer

Client was successfully enrolled. DMHID

OK

Once client is enrolled, his /her DMH ID Number appears here

Check Eligibility

Los Angeles COUNTY | **DEPARTMENT OF MENTAL HEALTH**

Home **Clinical** Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Information

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility**
- Enroll Client
- Eligibility History

Check Eligibility

Identification **Contacts** **Financial** **Other** **Groups** **XRef** **MCal Benefits**

Name Last: TestClient First: Example Middle:

AKA Last: First: Middle:

LOC:

Age: 37

01-English

01-Single Education: 12-Twelfth Grade

01-White

Origin: Tribe:

Employment: FC-Full time competitive employment (salaried)

Handicap: 00-Not physically disabled/no significant disability

Living Arrngmnt: 01-Lives alone in house or apartment

Conservatorship: Veteran: No

Date Of Death: English Speaking: ☒

Cancel Continue

This is for Medi-Cal only – Click to check the client's eligibility

Check Eligibility

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues X

Check Eligibility

Client: TestClient , Example (?)

Options
Return
Client Info
Eligibility History

DMH ID: 2265002 Gender: Male

First Name: Example Date of Birth: 07/12/1970

Middle Name: Service Date: 02/02/2008

Last Name: TestClient Card Issue Date: 01/01/2006

Payer: Medi-Cal

Client CIN: 000000000A

Provider PIN:

1. Enter your Medi-Cal PIN Number

2. Enter a service date

3. Or click to search eligibility history

Click Submit

Check Eligibility

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB


7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Eligibility - Overview

Client: TestClient , Example

Options

Return

| Payer | Client Payer ID | Service Date | Submit Date | Status | Provider ID |
|----------|-----------------|--------------|---------------------|---|-------------|
| MEDI-CAL | 000000000A | 2/8/2008 | 2008-02-26 13:14:28 |  | 7100 |

1

The green check mark means the client is Medi-Cal eligible, otherwise you will see a red X

Click to see more details

Eligibility

Remember: Eligibility Checks
are all about Medi-Cal

HEALTH **Home** **Clinical** Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Eligibility - Benefit Summary

Client: ?

Options

Return

Client Payer ID: Service Date:

Submit Date:

| Benefit Cd | Coverage Lvl | Srv Type | Ins Type | Plan Desc | Time Qual | Benefit Amt | Benefit % | Quantity Qual | Benefit Qty | Auth Code |
|---|--------------|---------------------------------|-------------|-----------|-----------|-------------|-----------|---------------|-------------|-----------|
| 1 Active Coverage | | 30 Health Benefit Plan Coverage | MC Medicaid | | | | | | | |
| L Primary Care Provider | | | | | | | | | | |
| 1 2 3 | | | | | | | | | | |

You can drill down into the Medi-Cal benefit information

Eligibility History

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Eligibility - Benefit Summary Client: ?

Options

Return

Client Payer ID: Service Date:

Submit Date:

| Benefit Cd | Coverage Lvl | Srv Type | Ins Type | Plan Desc | Time Qual | Benefit Amt | Benefit % | Quantity Qual | Benefit Qty | Auth Code |
|---|--------------|---------------------------------|-------------|-----------|-----------|-------------|-----------|---------------|-------------|-----------|
| 1 Active Coverage | | 30 Health Benefit Plan Coverage | MC Medicaid | | | | | | | |
| L Primary Care Provider | | | | | | | | | | |
| 1 2 3 | | | | | | | | | | |

All this data (and there's a lot of it!) is what the State returns in an Eligibility Check

EXERCISE 7

Open an Episode:

- Complete Admission Screen

Open an Episode: Admission Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Information

Client: TestClient , Example () ?

| Options | Identification | Contacts | Financial | Other | Groups | XRef | MCal Benefits |
|---------------------|--|----------|-----------|--|--------|---------|---------------|
| Return | Name Last: TestClient | | | First: Example | | Middle: | |
| Change Provider | AKA Last: | | | First: | | Middle: | |
| Find Client | IM Name: | | | LOC: | | | |
| Daily Log | DOB: 07/12/1970 | | | Age: 37 | | | |
| View Episodes | Primary Lang: 01-English | | | Pref Lang: 01-English | | | |
| Check Eligibility | Marital Status: 01-Single | | | Education: 12-Twelfth Grade | | | |
| Enroll Client | Ethnicity: 01-White | | | Tribe: | | | |
| Eligibility History | Origin: | | | Employment: FC-Full time competitive employment (salaried) | | | |
| | Handicap: 00-Not physically disabled/no significant disability | | | | | | |
| | Living Arrngmnt: 01-Lives alone in house or apartment | | | | | | |
| | Conservatorship: | | | Veteran: No | | | |
| | Date Of Death: | | | English Speaking: <input checked="" type="checkbox"/> | | | |
| | | | | Cancel | | | Continue |

Click to view a client's episode

Open an Episode: Admission Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Episodes

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open **Closed**

| Episode | I/O | Admit Date | Diagnosis Code | Primary Contact | Last Claim | | | D |
|---------|-----|------------|----------------|-----------------|------------|--|--|---|
| 1 | | | | | | | | |

Click to open an episode

Note: There are no episodes for this client.
(This client is new)

Open an Episode: Admission Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Open Outpatient Episode

Client: TestClient , Example (?

Options

Return

Admission **Diagnosis**

Admit Date: 02/08/2008

Intent Of Service: Assessment Services

Referral In Code: Outpatient - County Contracted

Referral In Rpt Unit:

Dual Diagnosis?

Primary Problem Area: Mentally ill

Legal Status: VOLUNTARY admission of MD. (W & I)

Treatment Authorization for Minor:

Patient File #: 123

Primary Contact: ADAMS, CASSANDRA-[SFV9368]

CCCP Due Date:

Continue

Referral In Code:

To identify the agency or person who referred the client to your agency.

Referral In Rpt Unit:

When the agency that referred the client has a reporting unit number. This field is optional.

Click to search Rpt Unit by provider type & name (See next page.)

Primary Contact:

Click to select the client's primary clinician

Open an Episode: Admission Screen

Search Rpt Unit

Provider Lookup - Microsoft Internet Explorer

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Provider Lookup

Legal Entity: ☐ (Check box if applies)

Entity Type: ☐ Individual ☒ Organization

Organization Type: LP CONTRACT

Organization/Last Name: ENK|

First Name:

Middle Name:

Reporting Unit:

Provider Id:

Click to select

Enter provider name or Rpt Unit number

Click

Done Internet

Open an Episode: Admission Screen

Search Rpt Unit (Cont.)

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Outpatient Epi

Options Serv

Click to select

Client Info

Check Eligibility

Medications

PDF Forms

Close Episode

View Episodes

Provider Lookup

| ID | Provider | Org Type | PTP | BP | SL | RP |
|----------------------|----------------------|-------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 2305 | 7360S-ENKI/MARGARITA | LP CONTRACT | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4297 | 7173V-ENKI/LAPUENTE | LP CONTRACT | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4701 | 7253A-ENKI/COMMERCE | LP CONTRACT | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4704 | 7253D-ENKI/COMMERCE | LP CONTRACT | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4707 | 7254A-ENKI/BELL GARD | LP CONTRACT | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4713 | 7255A-ENKI/PICO UNIO | LP CONTRACT | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4739 | 7258A-ENKI Y&F/COVIN | LP CONTRACT | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4742 | 7258D-ENKI Y&F/COVIN | LP CONTRACT | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4745 | 7258M-ENKI Y&F/ | LP CONTRACT | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5077 | 7360A-ENKI/MARGARITA | LP CONTRACT | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

1 2

Return

Internet

Open an Episode: Admission Screen.

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Open Outpatient Episode

Client: TestClient , Example (?

Options **Admission** **Diagnosis**

Return

The provider's information is automatically added from the Search Rpt Unit screen

Admit Date: 02/08/2008 Physical Disability? No

Intent Of Service: Assessment Services Developmentally Disabled? No

Referral In Code: Outpatient - County Contracted

Referral In Rpt Unit: 4297 7173VENKILAPUENTE

Dual Diagnosis?

Primary Problem Area: Mentally ill

Legal Status: VOLUNTARY admission of MD. (W & I)

Treatment Authorization for Minor:

Patient File #: 123

Primary Contact: ADAMS, CASSANDRA-[SFV9368]

CCCP Due Date :

Click Continue

EXERCISE 8

Open an Episode:

- Complete the Diagnosis Screen

Open an Episode: Diagnosis Screen

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Open Outpatient Episode

Client: TestClient , Example

Admission **Diagnosis**

Dx Date: 02/08/2008

Click to view or add notes

This drop down lists the primary diagnosis codes.

Click to find a diagnosis code that is not on the list.

Click

| AXIS I | AXIS II | AXIS III | AXIS IV | AXIS V |
|----------------------------------|---------|----------|---|------------|
| 295.30 - Schizophrenia, Paranoid | | | <input type="checkbox"/> 1. Primary Support Group | GAF |
| | | | <input type="checkbox"/> 2. Social Environment | 20 |
| | | | <input type="checkbox"/> 3. Educational | |
| | | | <input type="checkbox"/> 4. Occupational | Primary: |
| | | | <input type="checkbox"/> 5. Housing | 295.30 |
| | | | <input type="checkbox"/> 6. Economic | Secondary: |
| | | | <input type="checkbox"/> 7. Access to Health Care | |
| | | | <input type="checkbox"/> 8. Interaction w/ Legal System | |
| | | | <input type="checkbox"/> 9. Other | |
| | | | <input type="checkbox"/> 10. Inadequate Information | |

Cancel Save

EXERCISE 9

Add Services

- Notes on Evidence Based Practice

Add Services

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Client Episodes

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open Closed

| Episode | I/O | Admit Date | Diagnosis Code | Primary Contact | Last Claim | | | D |
|--------------------------|-----|------------|----------------|-----------------|------------|---|---|---|
| 7100A001 | O | 2/8/2008 | 295.30 | ADAMS-SFV9368 | | 0 | 0 | |

1

Click

To add a service, find the client and the Episode.

Add Services

Los Angeles COUNTY | **DEPARTMENT OF MENTAL HEALTH**

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciaabagues

Outpatient Episode

Client:TestClient,Example() ?

Options
Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes
Search Service Date
From Date
To Date
Search

Services Void Services Diagnosis Admission

| | Service Date | POS | Total Time | # Staff | Procedure | Rendering Provider | M | S | C | D |
|---|--------------|-----|------------|---------|-----------|--------------------|---|---|---|---|
| 1 | | | | | | | | | | |

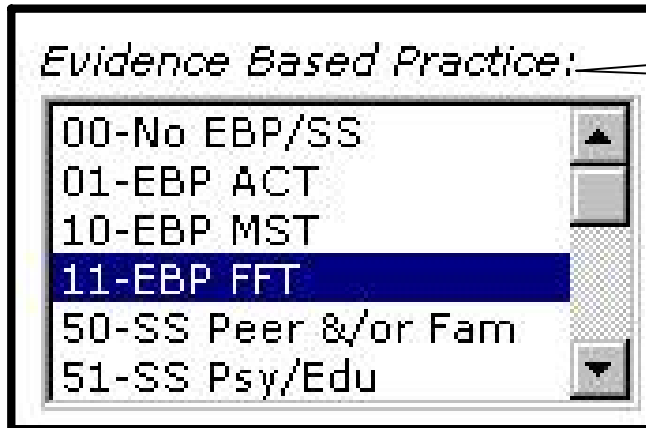
Click to begin entering a service

Add Services

■ What is Evidence Based Practice?

They are techniques that use research results, reasoning, and best practices to inform the improvement of Mental Health Care. DMH is now using the IS to track the use of these techniques. Examples: assertive community treatment, supported employment , integrated dual disorders treatment, family psychoeducation.

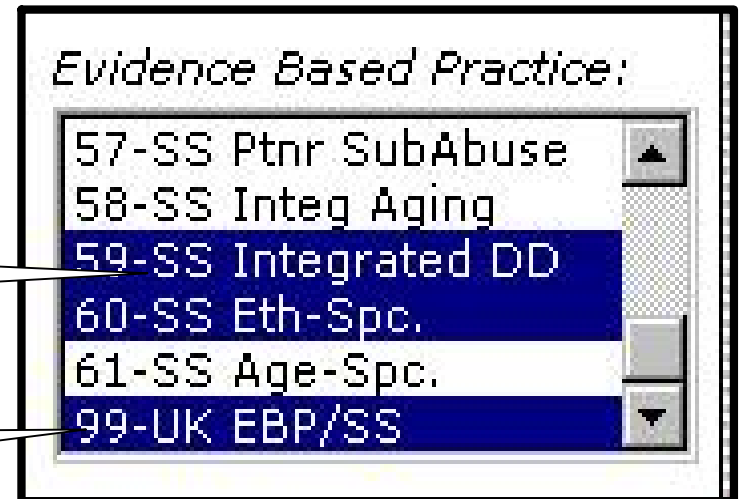
Add Services



The system may allow you to select up to 3 options

Select multiple objects next to each other by holding down the **SHIFT** key while you click

Or use the **CONTROL** key while you click to select items that are **NOT** next to each other



Add Services

Note: when RP's have a termination date, only dates of service for that date or prior can be billed.

The screenshot shows the 'Add Outpatient Service' form. At the top, there are tabs: Home, Clinical (selected), Administrative, Plan, and CIOB. Below the tabs, the patient's name '1904-ANTELOPE V...' is visible. The 'Client:' field is empty. A callout 'Click to select' points to a dropdown menu for selecting a provider (RP). The dropdown list includes: ARROYO, WILLIAM-[012493], BELL, DE VIDA-[E462740]-[03/28/2008] (highlighted), BENNETT, VONNIE-[E232633], BOGOST, BRUCE-[LBB0112], BURGOYNE, KARL-[E419051], CHAMPION, WANDA-[0496982]-[03/28/2008], CHEUNG, MAN CHING-[0503957], CHUNG, CHRISTOPHER-[0290802], CLEMENTS, YVONNE-[E414029], and COON, BRENDA-[E494287]. A callout 'You may select up to 3 options.' points to the 'DOS:' field, which has a dropdown menu with options: 00-No EBP/SS, 01-EBP ACT, 10-EBP MST, 11-EBP FFT, 50-SS Peer &/or Fam, and 61-SS Psy/Edu. Below the provider list, there is a table for 'Additional Services' with columns: Name, Hours, and Minutes. The table has one row with the number '1' in the 'Name' column. To the left of the table, there are input fields for 'Total Time for this Staff:' with '0' in the 'Hrs' field and an empty 'Minutes' field. Below this is an 'Add >>' button. At the bottom, there is a 'Total Time in Minutes:' field with '0' and three buttons: 'Claim', 'Save', and 'Cancel'. A callout 'Click "Claim" if you are ready to claim. There is not need to save' points to the 'Claim' button. Another callout 'Click "Save" if you are not ready to claim' points to the 'Save' button.

Options

- Return
- Check Eligibility
- Claim

RP: [dropdown]

Prod: [dropdown]

Place: [dropdown]

Face: [dropdown]

Other: [dropdown]

Telep: [dropdown]

Additional Services

| Name | Hours | Minutes |
|------|-------|---------|
| 1 | | |

Total Time for this Staff:

0 Hrs [] Minutes

Add >>

Total Time in Minutes: 0

Claim Save Cancel

Click "Claim" if you are ready to claim. There is not need to save

Click "Save" if you are not ready to claim

Add Services

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV

Add Outpatient Service

Client: Test, Example(

Options

Return

Check Eligibility

Claim

RP:

Procedure Code:

Place Of service:

Face To Face Time: Hrs Minutes

Other Time: Hrs Minutes

Telephone ☐ Col: Medicare Certified ☐

Additional Participating Staff

Total Time for this Staff: Hrs Minutes

Total Time in Minutes:

Check this box only if the client, the clinician, and the clinic are all Medicare certified

Evidence Based Practice:

- No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 50-SS Peer &/or Fam
- 51-SS Psy/Edu

| Name | Hours | Minutes |
|------|-------|---------|
| 1 | | |

Add Services

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTEI jgarciabagues

Outpatient Episode

Client

?

Options

Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes

Search Service Date

From Date

To Date

Services Void Services Diagnosis Admission

| | Service Date | POS | Total Time | # Staff | Procedure | Rendering Provider | M | S | C | D |
|--|--------------|-------------|------------|---------|----------------|-------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | 10/20/2008 | 11 <i>i</i> | 105 | 1 | 90801 <i>i</i> | ARROYO-0124939 <i>i</i> | | | | |
| | 07/23/2008 | 11 <i>i</i> | 25 | 1 | M0064 <i>i</i> | WONG-0504140 <i>i</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 04/15/2008 | | | 1 | M0064 <i>i</i> | WONG-0504140 <i>i</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | |

1

If you saved the service without claiming, click to go back and claim

EXERCISE 10

Add a Claim:

- Add a Plan
- Add Payers
- Claim Status Icons under “S” Column in Episode Screen

Add a Claim: Add a Plan

Once you click Claim on the Add Service screen, you will be prompted to this screen to pick a plan and a payer.

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

7100-SFV CMHC CENTE:7100A-SFV CMHC

Add Outpatient Claim

Client: TestClient,Example

Options

- Return
- Check Eligibility
- Service

Client Benefits: SD/Medi-cal:00000000A Staff Code: SFV9368

| Service Date | Procedure | Mod1 | Mod2 | Unit Type | Units | Rate |
|--------------|-----------|------|------|-----------|-------|------|
| 02/08/2008 | 90801 | | | MJ | 120 | 2.25 |

Claim Amount: 270.00 Late Code:

Client Amt Paid: Medi-Cal ☐ EVC: Amount Paid: Healthy Families ☐ Medicare ☐

Claim Plans:

| Plan | Pay Order |
|------|-----------|
| + | |
| 1 | |

Click to add a plan

Other Insurance:

| Payer | Paid Amount | SubscriberID |
|-------|-------------|--------------|
| + | | |

Plan and Other Insurance are here. (see the next screen for info. on these two items)

Submit Save Cancel

Add a Claim: Add a Plan

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

Outpatient Claim - Plans

Client: TestClient , Example () ?

Options
Return

Client Benefits SD/Medi-cal:00000000A Staff Code: SFV9368

| | | | | | |
|-------------|-----------|------|------|----------|------|
| ServiceDate | Procedure | Mod1 | Mod2 | UnitType | Unit |
| 02/08/2008 | 90801 | | | MJ | 120 |

Plans:

Pay Order:

3. Click

1. Scroll to pick a plan

2. Pay Order must be 1

3. Click

This means that your plan was added

Plan Plans:


| Plan | Pay Order |
|------|-----------|
| CGF | 1 |
| + | |
| 1 | |

If you click to add a second plan per claim, the IS will generate this error message



Add a Claim: Add a Payer

Other Insurance:

| Payer | Paid Amount | SubscriberID |
|---|-------------|--------------|
|  | | |
| 1 | | |

Click to add a payer

Los Angeles DEPARTMENT OF MENTAL HEALTH
Elizabeth Crowe

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC


Outpatient Claim - Other Insurance

Client: TestClient , Example

Options: Return

Client Benefits: SD/Medi-cal:00000000A Staff Code: SFV9368

| ServiceDate | Procedure | Mod1 | Mod2 | UnitType | Units | Rate |
|-------------|-----------|------|------|----------|-------|------|
| 02/08/2008 | 90801 | | | MJ | 120 | 2.25 |



Other Insurance: 

SubscriberID:

Amount Paid:

Auth Code:

Complete Information

Click  

Scroll to Pick Other Insurance

Add a Claim

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | Home | **Clinical** | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Claim

Client: TestClient,Example ?

Options

- Return
- Check Eligibility
- Service

Client Benefits: [Dropdown] Staff Code: 0124939

| Service Date | Procedure | Mod1 | Mod2 | Unit Type | Units | Rate |
|--------------|-----------|------|------|-----------|-------|------|
| 10/21/2008 | 90801 | | | MJ | 90 | 2.97 |

Claim Amount: 267.30 Late Code: [Dropdown]

Client Amt Paid: [Text] Medi-Cal ☐ EVC: [Text]

Healthy Families ☐ Medicare ☐ Amount Paid: [Text]

Claim Plans:

| Plan | Pay Order |
|------|-----------|
| CGF | 1 |
| 1 | |

Other Insurance:

| Payer | Paid Amount | SubscriberID |
|-------|-------------|--------------|
| Other | 0.00 | 874674839 |
| 1 | | |

Click if you're ready to submit

Submit Save Cancel

Otherwise click to save

Add a Claim

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

7100-SFV CMHC CENTE:7100A-SFV C

jgarciabagues

Outpatient Episode

Client:TestClient,Example()

?

Options

Return

Find Client

Client Info

Check Eligibility

Medications

Close Episode

View Episodes

Search Service Date

From Date

To Date

Search

Services

Void Services

Diagnosis

Admission

| | Service Date | PDS | Total Time | # Staff | Procedure | Rendering Provider | M | S | C | D |
|--|--------------|-------------|------------|---------|----------------|------------------------|---|---|---|---|
| | 02/08/2008 | 11 <i>i</i> | 120 | 1 | 90801 <i>i</i> | ADAMS-SFV9368 <i>i</i> | | | | |
| | | | | | | | | | | |

1

Click to see claim status

You will see this screen after you've submitted or saved the claim.

Claim Status Icons Under “S” Column in Episode Screen

Claim Status Icon under ‘S’ column in the Episode Screen

- (Red) Denied Claim
- (Green) Approved
- Pending
- Claim Saved, not yet Submitted
- Service Saved, not yet Claimed
- Forwarded
- Pending Adjudication
- Submitted
- Pending CPE

Click to view status

Click to view status

Click to view status

Click to view status

Click to view status

Click to view the claim ID #, IS claim #, and submit date

Since this service has not been claimed, you have the option to delete it.

You should not see these icons. If you do, please call the CIOB help desk.

| Staff | Procedure | Admission | S | C | D |
|-------|-----------|-----------|---|---|---|
| 90806 | | | | | |
| 90804 | BEN | 2633 | | | |
| 90801 | BEN | 2633 | | | |
| 90801 | BENNETT | 232633 | | | |
| 90801 | | 232633 | | | |

Sample of Claim Status with new added CPE Fields

https://testdmhisintra.co.la.ca.us/ClinicalWeb/ServiceStatusPopUp.aspx?id=4e8442ee-b696-46c3-8c25-c5c92

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Claim Status

| | | | |
|---------------------|-------------|------------------------|------------|
| Claim ID: | | Status: | |
| Submit Date: | 06/09/2009 | Adjudication Date: | 06/09/2009 |
| Submit Source: | Clinical UI | Claim Type: | ORIGINAL |
| Void Status: | | | |
| Service Begin Date: | 06/05/2009 | Service End Date: | 06/05/2009 |
| Client Paid: | 0.00 | | |
| Claim Amount: | 174.30 | Private Ins Paid: | |
| Contracted Amt: | 174.30 | Medicare Paid: | |
| CPE Contract Amt: | | Medi-Cal Paid: | |
| DMH Local Amt: | 174.30 | CPE Threshold Action: | |
| | | CPE Release Type: | |
| Deny Source: | | Deny Rule: | |
| Deny Group: | | Deny Rule Description: | |
| Deny Reason: | | | |

Close

Confidential patient information, see California Welfare and Institution Code section 5328.

highlighted fields are the new added fields

EXERCISE 11

Void and Resubmit:

- Void a Claim
- Resubmit a Claim

Void Claims

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Outpatient Episode

Options

Return
Find Client
Client Info
Medications
Close Episode
View Episodes
Search Service Date
From Date
To Date
Search

Services

Service

02/08/20

+

1

Click to begin voiding a claim

Outpatient Service

Client:TestClient,Example

Options

Return
Claim

RP: ADAMS, CASSANDRA-[SFV9368] DOS 02/08/2008

Procedure

Place Of Service

Office

Face To Face Time: 1 Hrs 30 Minutes

Other Time: 0 Hrs 30 Minutes

Telephone Col: MedicareCertified

Evidence Based Practice:

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 50-SS Peer &/or Fam
- 51-SS Psy/Edu

Last Claim Info.

Claim ID: 30514880

Submit Date: 02/26/2008

Additional Participating Staff

Total Time for this Staff:

0 Hrs 0 Minutes

Add >>

Total Time in Minutes: 120

| Name | Hours | Minutes |
|------|-------|---------|
| 1 | | |

Claim Save Cancel

Click to go to the Claim screen

Void Claims

Los Angeles COUNTY
DEPARTMENT OF MENTAL HEALTH

Home
Clinical
Administrative
Plan
CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

Outpatient Claim

Client: TestClient,Example

?

Options

Return
Service

Client Benefits

SD/Medi-cal:000000000A

Staff Code:

SFV9368

ServiceDate

Procedure

Mod1

Mod2

UnitType

Units

Rate

02/08/2008

90801

MJ

120

2.25

Claim Amount:

270.00

Late Code:

ClientAmtPaid:

0.00

Medi-Cal

EVC:

Healthy Families

Medicare

AmountPaid:

Last Claim Info.

Claim ID:30514880

Submit Date: 02/26/2008

Benefits

SD/Medi-cal:000000000A

1

Claim Plans:

| Plan | Pay Order |
|------|-----------|
| CGF | 1 |
| 1 | |

Other Insurance:

| Payer | Paid Amount | Subscriber ID |
|-------|-------------|---------------|
| 1 | | |

Click to void

Resubmit

Void

Submit

Save

Cancel

Void Claims

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

V CMHC CENTE:7100A-SFV C jgarciabagues

Client: TestClient, Example()

Outpatient Claims

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Filter Service Date

From Date

To Date

Search

Services Void Service Diagnosis Admission

| Service Date | POS | Total Time | # Staff | Procedure | Rendering Provider | M | S | C | V |
|--------------|-----|------------|---------|-----------|--------------------|---|---|---|---|
| 02/08/2008 | 11 | 120 | 1 | 90801 | ADAMS-SFV9368 | X | | | R |

Click to view voided claims

Click to see the claim status

V stands for Voids

- If R, status is requested
- If P, status is processed

Void Claims

Claim Status -- Web Page Dialog

Los Angeles COUNTY DEPARTMENT OF

Claim Status

Claim ID: 30514880 Status: APPROVED

Submit Date: 02/26/2008 Adjudication Date: 02/26/2008 Void Status: REQUESTED

Submit Source: Clinical UI Claim Type: ORIGINAL

Service Begin Date: 02/08/2008 Service End Date: 02/08/2008 Client Paid: 0.00

Claim Amount: 270.00 Private Ins Paid:

Contracted Amt: 270.00 Medicare Paid:

Medi-Cal Paid:

DMH Local Amt: 270.00

Deny Source: Deny Rule:

Deny Rule Description:

Close

Confidential patient information, see California Welfare and Institution Code section 5328.

The claim has been approved.

The claim was requested to be voided.

Void Claims

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Outpatient Episode

Client: TestClient, Example()

Options

- Return
- Find Client
- Client Info
- Check Eligibility

Services **Void Service** **Diagnosis** **Admission**

| | Service Date | POS | Total Time | # Staff | Procedure | Rendering Provider | M | S | C | V |
|---|--------------|-----|------------|---------|-----------|--------------------|---|---|---|---|
| 1 | 02/08/2008 | 11 | 120 | 1 | 90801 | ADAMS-SFV9368 | X | S | i | R |

This means the claim was resubmitted. Click to see claim cycle or submission history

Home **Clinical** **Administrative** **Plan** **CIOB**

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Outpatient Claim Cycle

Client: TestClient , Example ()

Options

- Return

Current Services:

Staff code: Service date: Procedure: Mod 1: Mod 2: Unit Type: Units : Rate:

SFV9368 02/08/2008 90801 MJ 120 2.25

| # | Service Date | POS | Total Time | # Staff | Procedure | Rendering Provider | M | S | C |
|---|--------------|-----|------------|---------|-----------|--------------------|---|----|---|
| 1 | 2/8/2008 | 11 | 120 | 1 | 90801 | ADAMS-SFV9368 | X | S | i |
| 2 | 2/8/2008 | 11 | 120 | 1 | 90801 | ADAMS-SFV9368 | | VP | i |

Here is the Information.

Resubmits

This means the claim is denied and can be resubmitted.

Los Angeles COUNTY
DEPARTMENT OF MENTAL HEALTH

Home
Clinical
Administrative
Plan
CIOB

7286-FIVE ACRES:7286A-FIVE A
jbaques

Outpatient Episode
Client: TestClient , Example () ?

Options
Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes

Services
Void Services
Diagnosis
Admission

| | Service Date | POS | Total Time | # Staff | Procedure | Rendering Provider | S | C | D |
|--|--------------|-------------|------------|---------|----------------|--------------------------|---|---|---|
| | 01/07/2008 | 12 <i>i</i> | 345 | 1 | H2019 <i>i</i> | CASILLA-FA08664 <i>i</i> | | | |
| | 01/04/2008 | 12 <i>i</i> | 370 | 1 | H2019 <i>i</i> | CASILLA-FA08664 <i>i</i> | | | |
| | 01/02/2008 | 12 <i>i</i> | 360 | 1 | H2019 <i>i</i> | CASILLA-FA08664 <i>i</i> | | | |
| | 12/28/2007 | 12 <i>i</i> | 475 | 1 | H2019 <i>i</i> | CASILLA-FA08664 <i>i</i> | | | |
| | 12/27/2007 | 12 <i>i</i> | 330 | 1 | H2019 <i>i</i> | CASILLA-FA08664 <i>i</i> | | | |
| | 12/26/2007 | <i>i</i> | 360 | 1 | H2019 <i>i</i> | CASILLA-FA08664 <i>i</i> | | | |
| | | | | | | | | | |

1 2 3 4 5 6 7 8 9 10 ...

Search Service Date
From Date
To Date

Click to open the service and go to the claim

Resubmits

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7286-FIVE ACRES:7286A-FIVE A jbagues

Outpatient Service

Client: TestClient , Example

Options: Return, Check Eligibility, **Claim**

Click to go to the Claim screen

Procedure Code: H2019-Therapeutic Behavior Serv

Place Of service: Home

Face To Face Time: 5 Hrs 45 Minutes

Other Time: 2 Hrs 10 Minutes

Telephone ☐ Col: 2 Medicare Certified ☐

Evidence Based Practice:

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 50-SS Peer &/or Fam
- 51-SS Psy/Edu

Last Claim Info. Claim ID: Submit Date: 01/09/2008

Additional Participating Staff

| Name | Hours | Minutes |
|------|-------|---------|
| 1 | | |

Total Time for this Staff: 0 Hrs 0 Minutes

Add >>

Total Time in Minutes: 475

Claim Save Cancel

Resubmits

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home
Clinical
Administrative
Plan
CIOB

7286-FIVE ACRES:7286A-FIVE ACRE

Outpatient Claim

Client: TestClient , Example

?

Options

Return
Check Eligibility
Service

Last Claim Info.

Claim ID:
Submit Date: 01/09/2008

Benefits

EPSDT:1/2007
EPSDT:10/2007
EPSDT:11/2007

1 2 3 4 5

Client Benefits

ServiceDate
12/28/2007

Procedure
H2019

Mod1
HE

Mod2
*

UnitType
MJ

Units
475

Rate
2.18

Claim Amount: 1035.50

ClientAmtPaid: 0.00

Late Code:

Medi-Cal ☒

Medicare ☐

EVC:

AmountPaid:

Healthy Families ☐

Claim Plans:

| Plan | Pay Order |
|------|-----------|
| CGF | 1 |
| 1 | |

Other Insurance:

| Payer | Paid Amount | SubscriberID |
|-------|-------------|--------------|
| | | |

Click after making corrections

Resubmit
Void
Submit
Save
Cancel

Resubmits

DMHISP | Clinical | Closed Outpatient Episode | Services - Microsoft Internet Explorer

Address: https://traindmhisintra.co.la.ca.us/ClinicalWeb/OutpatientEpisodeServices.aspx

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY:1904A-ANTE jflynn

Outpatient Episode

Client TestClient , Example

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes
- Filter Service Date
 - From Date
 - To Date
 - Search

| Services | Void Services | Diagnosis | Admission |
|--------------|---------------|------------|-----------------------------|
| Service Date | POS | Total Time | # Staff Procedure Rendering |
| 09/12/2006 | 11 | 70 | 1 90804 ALVEY-E447588 |
| 09/11/2006 | 11 | 75 | 1 90804 ALVEY-E447588 |
| 09/10/2006 | 11 | 85 | 1 90804 ALVEY-E447588 |
| 07/01/2006 | 53 | 151 | 1 90802 AMBROSIO-E261358 |
| 07/01/2006 | 33 | 30 | 1 90801 ALVEY-E447588 |
| 01/01/2006 | 53 | 151 | 1 90802 AMBROSIO-E261358 |

1 2

This means that the claim was resubmitted

Confidential patient information, see California Welfare and Institution Code section 5328.

Resubmits

[illegible]

On the first line is the original denied claim. On the second line is the resubmitted claim with an approved status. Click on icons to view more information

EXERCISE 12

Prescribing Medications:

- Go to the Medications Screen
- Issue an RX Card Number
- Enter Drug Allergies

The Medications Screen

Find your client and click on his/her current Episode...

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTEI jgarciaabagues

Outpatient Episode

Client: TEST,PATS

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications**
- Close Episode
- View Episodes
- Search Service Date
- From Date
- To Date
- Search

Services Void Services Diagnosis Admission

| Service Date | POS | Total Time | # Staff | Procedure | Rendering Provider | M | S | C | D |
|--------------|-----|------------|---------|-----------|--------------------|---|---|---|---|
| + | | | | | | | | | |
| 1 | | | | | | | | | |

Medications are INSIDE the Episode. Click Medications on the Option menu

Prescribing Medications

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

Options

Return

Current History Write Rx Med Order Drug Allergies Rx Card Info

| L# | Rx # | Rx Date | Fill Date | PHRM/MS | Medication | Strength | Qty | Status |
|----|------|---------|-----------|---------|------------|----------|-----|--------|
| 1 | | | | | | | | |

This is the main Meds screen...notice that there are tabs across the top.. lets take a look at each of them starting with the RX Card Info.

Click

Prescribing Medications: Rx Card

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Rx Card Info

Client:TEST,PATS

Options
Return

| Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info |
|-------------|-------------|---------------|-----------|----------------|--------------|
| Card Number | Active Date | Inactive Date | | | |
| 1223848 | 02032009 | | | | |

Returning Clients should have An RX card number, but if not you enter it and click "Add"
Next: Drug Allergies....

Click

Card Number: 1223848

Click

Add

Prescribing Medications: Allergies

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Drug Allergies

Client:TEST,PATS

Options

Return

Current History Write Rx Med Order **Drug Allergies** Rx Card Info

| Medication | Drug Name Type |
|------------|----------------|
| 1 | |

If the client is allergic to meds, list them here, type the medication and select the drug name type.

Medication: Tylenol

Drug Name Type: Generic Name
Generic Name
Trade Name

Click

Add

Prescribing Medications: Allergies

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Drug Allergies

Client:TEST,PATS

Options

Return

Current History Write Rx Med Order Drug Allergies Rx Card Info

| Medication | Drug Name Type | |
|--------------|----------------|--|
| TYLENOL 1 | T | |

You will see the medication you just added with the drug name type.
Next, Med Orders...

Click

Medication: Tylenol

Drug Name Type: Trade Name

PATS5028-RECORD CHANGE SUCCESSFUL USER SPECIAL

Add

Edit messages are displayed here!

EXERCISE 13

Prescribing Medications:

- Add Medications in Med Order
- Write Rx

Prescribing Medications: Med Orders

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Med Order

Client: TEST, PATS

Options | Current | History | Write Rx | **Med Order** | Drug Allergies | Rx Card Info

Return

Date: 02/1/2009

Prescribing Provider: BOGOST, BRUCE-[LBB01]

Medication: BENZT

Drug Code: BTP1A

Strength: 1 MG/ML

Quantity: 1

No. of times this order has been administered:

No. of times this order has to be administered: 1

Discontinue ☐

Lost/Discontinue Renew Save

APPROVED USER SPECIAL

This screen is to record medications given to consumers at the facility.

You need to use the PATS Drug Formulary list in these fields, this is a drug record that assigns specific drug code for each unique drug and strength combination.

Prescribing Medications

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client: TEST,PATS

Options Return

Current **History** **Write Rx** **Med Order** **Drug Allergies** **Rx Card Info**

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: BUPRO

Drug Code: BPP150XL Primary Dx: 295.30

Number of Units: 1 Secondary Dx: 301.50

Strength: 150 MG

Frequency: Q AM

Quantity: 30

Refill: 0

Other Instructions:

APPROVED USER SPECIAL

Click Save Next

You will see status of your prescription. This prescription was Approved.

Type in the Prescription. If you entered something under "Frequency" you won't need to enter "Other Instructions". Notice you use the PATS Drug Formulary list.

Medications History

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications History

Client:TEST,PATS

?

Options

Return

Current

History

Write Rx

Med Order

Drug Allergies

Rx Card Info

| L# | Rx # | Rx Date | Fill Date | PHRM | MS | Medication | Strength | Qty | Status |
|----|-----------------------|---------|-----------|-------------------|-------------------|------------|----------|-------|-------------------|
| 01 | P0001 | 020309 | | i | i | BUPROPION | 150 MG | 30.00 | A |
| 02 | P0002 | 020309 | | i | i | LORAZEPAM | 1 MG | 30.00 | A |
| 03 | M0001 | 020109 | | i | i | BENZTROPI | 1 MG/ML | 1.00 | A |
| 1 | | | | | | | | | |

This screen shows all the medications that were prescribed to the client. Everything!

Medications Current

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

?

Options

Return

Current

History

Write Rx

Med Order

Drug Allergies

Rx Card Info

| L# | Rx # | Rx Date | Fill Date | PHRM | MS | Medication | Strength | Qty | Status | |
|----|-----------------------|---------|-----------|------|----|------------|----------|-------|-------------------|--|
| 01 | P0001 | 020309 | | | | BUPROPION | 150 MG | 30.00 | A | |
| 02 | P0002 | 020309 | | | | LORAZEPAM | 1 MG | 30.00 | A | |
| 03 | M0001 | 020109 | | | | BENZTROPI | 1 MG/ML | 1.00 | A | |
| 1 | | | | | | | | | | |

This screen shows the first
15 prescriptions.

EXERCISE 14

Prescribing Medications:

- Resolve an Authorization Required
- Renew/Refill a Prescription

Prescribing Medications

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client:TEST,PATS

Options
Return

Current **History** **Write Rx** **Med Order** **Drug Allergies** **Rx Card Info**

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: LORAZEPAM

Drug Code: LAP1

Number of Units: 1

Strength: 1 MG

Frequency: HS

Quantity: 30

Refill: 0

Other Instructions:

Primary Dx: 295.30
Secondary Dx: 301.50

AUTH REQ 01 UNUSUAL MED FOR DIAGNOSIS USER SPECIAL

Click, to resolve AR status

Click

Save Next

If the prescription you enter needs to be reviewed and approved by MD, you will see the edit message here.

Prescribing Medications: Approval

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

Options: Return

| L# | Rx # | Rx Date | Fill Date | PHRM/MS | Medication | Strength | Qty | Status |
|----|-----------------------|---------|-----------|---------|------------|----------|-------|--------------------|
| 01 | P0001 | 020309 | | | BUPROPION | 150 MG | 30.00 | A |
| 02 | P0002 | 020309 | | | LORAZEPAM | 1 MG | 30.00 | AR |
| 03 | M0001 | 020109 | | | BENZTROPI | 1 MG/ML | | A |

1

“AR” means the prescription needs to be reviewed and approved by the Doctor. After you have talked to the MD and gotten the approval, you can change status to “Approved”

Click

Prescribing Medications: Approval

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE X

Medications Review

Client: TEST , PATS

Options

Return

| Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info |
|---|---------|----------|-----------|----------------|--------------|
| Client Name: PATS TEST Strength: 1 MG Prescribing Medical Staff: BOGOST | | | | | |
| Medication: LORAZEPAM Quantity: 30.00 | | | | | |
| Description | | | | | |
| 01 UNUSUAL MED FOR DIAGNO | | | | | |
| 1 | | | | | |

Physician Conference

Date:

Physician:

Status:

Approved
Disapproved
Unresolved

Supervisor Conference

Date:

Physician:

Status:

Click

2. Enter the physician's ID number

1. Enter the approved date

3. Select the status

Prescribing Medications: Renew and Refill

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

Options

Return

| | Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info | | | | |
|----|-----------------------|---------|-----------|-------------------|-------------------|--------------|----------|-------|-------------------|--|
| L# | Rx # | Rx Date | Fill Date | PHRM | MS | Medication | Strength | Qty | Status | |
| 01 | P0001 | 020109 | 020309 | i | i | BUPROPION | 150 MG | 30.00 | A | |
| 02 | P0002 | 020309 | | i | i | LORAZEPAM | 1 MG | 30.00 | A | |

Click here
to do a
Renew/Refill

Fill date is
required

Renew/Refill is a snap: Just click on the prescription number, change the date and other information!

Remember the prescription needs to have a fill date in order to do a renew/refill.

Prescribing Medications: Renew and Refill

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client: TEST,PATS

Options
Return

| Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info |
|---|---------|----------|-----------|----------------|--------------|
| HMO/PHP: _____ Date: 02/03/2009 | | | | | |
| Prescribing Provider: BOGOST, BRUCE-[LBB0112] | | | | | |
| Medication: BUPROPION XL/WELLB | | | | | |
| Drug Code: BPP150XL | | | | | |
| Number of Units: 1.0 | | | | | |
| Strength: 150 MG | | | | | |
| Frequency: Q AM | | | | | |
| Quantity: 30 | | | | | |
| Refill: 0 | | | | | |
| Other Instructions: _____ | | | | | |
| <div>Lost/Discontinue</div> <div>Click</div> <div>Delete Renew Next</div> | | | | | |

Enter a new prescription date

This information can also be changed.

Prescribing Medications- Lost & Discontinue

Medications History

Options

Return

| L# | Rx # | Rx Date |
|----|-----------------------|---------|
| 01 | P0078 | 042507 |
| 02 | P0076 | 021507 |
| 03 | P0077 | 021507 |
| 04 | P0074 | 020207 |
| 05 | P0075 | 020207 |
| 06 | P0072 | 122106 |
| 07 | P0073 | 122106 |
| 08 | P0070 | 102606 |
| 09 | P0071 | 102606 |
| 10 | P0068 | 092806 |
| 11 | P0069 | 092806 |
| 12 | P0066 | 081006 |
| 13 | P0067 | 081006 |
| 14 | P0064 | 070606 |
| 15 | P0065 | 070606 |

Confidential patient information

123456

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client:TEST,PATS

Options

Current History Write Rx Med Order Drug Allergies Rx Card Info

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: BUPROPION XL/WELLB

Drug Code: BPP150XL

Primary Dx: 295.30

Number of Units: 1.0

Strength: 150 MG

Frequency: Q AM

Quantity: 30

Refill: 0

ry Dx: 301.50

Lost Discontinue Neither

Other In: Lost/Discontinue

Renew Next

Click

Click on the radio button to select Lost or Discontinue prescription

Click

EXERCISE 15

Close an Episode

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Episodes

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open **Closed**

| Episode | I/O | Admit Date | Diagnosis Code | Primary Contact | Last Claim | <input type="checkbox"/> | <input type="checkbox"/> | D |
|--------------------------|-----|------------|----------------|-----------------|------------|--------------------------|--------------------------|---|
| 7100A001 | O | 2/8/2008 | 295.30 | ADAMS-SFV9368 | 2/8/2008 | 1 | 0 | |

1

Click

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Outpatient Episode

Client: TestClient, Example() ?

Options

Return

Find Client

Client Info

Check Eligibility

Medications

Close Episode

View Episodes

Search Service Date

From Date

To Date

Search

Services Void Services Diagnosis Admission

| | Service Date | POS | Total Time | # Staff | Procedure | Rendering Provider | M | S | C | D |
|--|--------------|-------------|------------|---------|----------------|------------------------|---|---|---|---|
| | 02/08/2008 | 11 <i>i</i> | 120 | 1 | 90801 <i>i</i> | ADAMS-SFV9368 <i>i</i> | | | | |
| | | | | | | | | | | |

1

Click

Close an Episode

The screenshot shows a web application interface for the Los Angeles County Department of Mental Health. The page title is 'Close Outpatient Episode'. The client information is 'TestClient , Example'. The form has two tabs: 'Discharge' (selected) and 'Diagnosis'. The 'Discharge' tab contains the following fields:

- Discharge Date:** 02/08/2008
- Referral Out Code:** Client moved away
- Referral Out Rpt Unit:** (empty)
- Legal Status:** (empty)

Annotations with arrows point to the following fields:

- Referral Out Code:** is used to identify the agency or person the client is being discharged to
- Referral Out Rpt Unit:** is used when the referred agency has a reporting unit number
- Search icon:** Click to search for referral out Rpt. Unit

See examples on the next page

Continue

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTEL jgarciaabagues

Close Outpatient Episode

Client: () ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- PDF Forms

Discharge **Diagnosis**

Discharge Date: 02/08/2008

Referral Out Code: Outpatient - County Contracted

Referral Out Rpt Unit:

Legal Status:

https://testdmhisintra.co.la.ca.us - Provider Loo...

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Provider Lookup

Legal Entity: ☐ (Check box if applies)

Entity Type: ☐ Individual ☒ Organization

Organization Type: FFS 1

Organization/Last Name:

First Name:

Middle Name:

Reporting Unit:

Provider Id:

Search

Confidential patient information

Done Internet

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Outpatient Episode

Client: TestClient , Example

Options

Return

Discharge **Diagnosis**

Dx Date: 02/08/2008

| AXIS I | AXIS IV | AXIS V |
|----------------------------------|--|-----------------|
| 295.30 - Schizophrenia, Paranoid | <input checked="" type="checkbox"/> 1. Primary Support Group | GAF |
| | <input type="checkbox"/> 2. Social Environment | 20 |
| | <input type="checkbox"/> 3. Educational | |
| | <input type="checkbox"/> 4. Occupational | |
| | <input type="checkbox"/> 7. Access to Health Care | Primary: 295.30 |
| | <input type="checkbox"/> 8. Interaction w/ Legal System | Secondary: |
| | <input type="checkbox"/> 9. Other Psych/Environment | |
| | <input type="checkbox"/> 10. Inadequate Information | |

Cancel Save

Click to display the top 20 diagnosis codes

Click to select a diagnosis code not listed

Close an Episode

Enter an ID or partial description:
315 Search

Select an item:

- 315.1 - Mathematics Disorder
- 315.2 - Disorder of Written Expression
- 315.32 - Mixed Receptive-Expressive Language Disorder
- 315.9 - Learning Disorder NOS
- 315.4 - Developmental Coordination Disorder
- 315.31 - Expressive Language Disorder
- 315.39 - Phonological Disorder
- 315.00 - Reading Disorder

Highlight and click "Select"

Select

Enter some or all of the digits of a diagnosis code, or part of the description and click "Search"

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Outpatient Episode

Client: TestClient , Example

Options Discharge **Diagnosis**

Return

Dx Date: 02/08/2008

| AXIS I | AXIS IV | AXIS V |
|---------------------------------|--|------------|
| 295.30 - Schizophrenia, Paranoi | <input checked="" type="checkbox"/> 1. Primary Support Group | GAF |
| | <input type="checkbox"/> 2. Social Environment | 20 |
| | <input type="checkbox"/> 3. Educational | |
| | <input type="checkbox"/> 4. Occupational | Primary: |
| | <input type="checkbox"/> 5. Housing | 295.30 |
| | <input type="checkbox"/> 6. Economic | Secondary: |
| | <input type="checkbox"/> 7. Access to Health Care | |
| | <input type="checkbox"/> 8. Interaction w/ Legal System | |
| | <input type="checkbox"/> 9. Other Psych/Environment | |
| | <input type="checkbox"/> 10. Inadequate Information | |

Click

Cancel Save

Close an Episode

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Client Episodes

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open Closed

| Episode | I/O | Admit Date | Discharge Date | Diagnosis Code | Primary Contact | Last Claim | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|-----|------------|----------------|----------------|-----------------|------------|--------------------------|--------------------------|
| 7100A001 | O | 2/8/2008 | 2/8/2008 | 295.30 | ADAMS-SFV | 2/8/2008 | 1 | 0 |

1


Go to the close episodes tab to view the episode information

EXERCISE 16

Groups:


- Create a Group
- Add a Session to a Group
- Submit Group Session Billing

Create a Group

Address  https://traindmhisintra.co.la.ca.us/ClinicalWeb/FindClient.aspx

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1 

Find Client

Options

- Return
- Change Provider
- Client CaseLoad
- Client List
- Daily Log
- Manage Groups

☐ Search by ID.

Type: ID:

☒ Search by Custom Criteria.

Last Name:

First Name:


Middle Initial:

Birth Date: Or Age:

Gender:

Click to start creating and managing groups

Create a Group

Address  b/GroupView

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

View Groups

Options

- Return
- Change Provider
- View Groups**
- Search Groups
- Create Group
- Daily Log

Filter Groups

Filter By:

Name

For:

Search

Group ID **Name** **Location** **Lang**

| | | | | | |
|----------------------|----------------------------------|-----------------|------------------|------|------------|
| 1071 | Fun Name | 1904-ANTELOPE V | 10:00 min | 2/2 | 01-English |
| 1029 | Test Group JJF | 1904-ANTELOPE V | 9 AM 20 min | 1/50 | 01-English |
| 1093 | Older Wh... | 1904-ANTELOPE V | 2:00P 30 min | 2/10 | 01-English |
| 1084 | IS Users Who Are Learning Groups | 1904-ANTELOPE V | 9:00 60 min | 1/15 | 01-English |
| 1056 | Shakey | 1904-ANTELOPE V | 5:00P 45 min | 2/15 | 01-English |
| 1060 | Stress Management | 1904-ANTELOPE V | 1:00 90 min P.M> | 3/3 | 01-English |

1 2 3 4 5 6

Total Groups Returned: 6

Click to create a group

All groups for this location are listed here. You can search or filter to find a group and enter services.

Create a Group: Details

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clin

7100-SFV CMHC CENTE:7100

Group Details

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Sys

Group ID: Group Type: Medication

Group Name: Medication

Description: How to take medication

Targeted Clients: People who take medication

Location: SFV CMHC CENTER/FAMILY LIVING

Group Day: Daily Group Time: 10:00AM

Begin Date: 02/08/2008 End Date: 01/01/2020

Procedure: 90853-Group Therapy

Language: 01-English

Approximate Duration: 30 min

Max Attendees: 25

Click

Cancel Continue

Most of this information is basic, and is meant to help other workers to find groups, and enter data. Be as detailed as you can while completing this screen.

The date the group began to meet

The date the group schedule will expire

Maximum group attendees should be at least 2 and no more than 25

Create a Group: Leads

The image shows two overlapping screenshots of a web application for the Los Angeles County Department of Mental Health. The top screenshot is the 'Group Leads' page, and the bottom screenshot is the 'Add Staff to Group' page. Both pages have a header with the department name and navigation tabs: Home, Clinical, Administrative, Plan, and CIOB. The 'Group Leads' page has a sidebar with options like Return, Change Provider, View Groups, Add Group Session, Search Group, Create Group, and Daily Log. A callout points to the 'Search Group' option with the text 'Click to search for a lead to add'. The 'Add Staff to Group' page has a form with fields for Last Name and First Name, and a 'Search' button. A callout points to the 'Search' button with the text 'Click'. Another callout points to the 'Last Name' field with the text 'Enter a last name or part of a name'.

Address: <https://traindmhisintra.co.la.ca.us/ClinicalWeb/GroupLeads.aspx>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1

Group Leads

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Group
- Create Group
- Daily Log

Click to search for a lead to add

Address: <https://traindmhisintra.co.la.ca.us/ClinicalWeb/GroupAddStaffToGroup.aspx>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1

Add Staff to Group

Options

Return

Last Name:

First Name:

Enter a last name or part of a name

Click

Clear Search

Create a Group: Leads

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC X

Add Staff to Group ?

| Options | Name | Location | Expired |
|---------------------|---------------|----------------|---------|
| Add | ADAMS-SFV9368 | 7100A-SFV CMHC | |
| Return | 1 | | |

Click

Total staff in Leads and total clients in Census should be below 25 people; more than recommended will slow down the system.

Click

Finish New Search

Create a Group: Census

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Group Leads

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Syllabus

| Staff Name | |
|---------------|--|
| ADAMS-SFV9368 | |
| | |

1

Total Staff: 1

Click to add clients to the census

or click to continue

Continue

Create a Group: Census

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

jgarciabagues

Group Census

?

Options

Return

Change Provider

View Groups

Add Group Session

Search Groups

Create Group

Daily Log

Details

Leads

Census

Attendance Hx

Syllabus

| Name | Location | Primary Dx | Phone | Primary |
|------|----------|------------|-------|---------|
| + | | | | |
| 1 | | | | |

Click to search clients to add to a group

Total Clients: 0Max Attendees: 25

Continue

Create a Group: Census

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Find Clients To Add

Options

Return

☒ Search by ID.

Type: ID:

☐ Search by Custom Criteria.

Last Name:

First Name:

Middle Initial:

Birth Date: Or Age: Axis I:

Gender: Axis II:

Ethnicity:

Note: It's easier to add clients to a group by using 7-digit DMH ID number

Click

**** For optimal performance, a maximum of 500 records will be returned from the search result.**

Create a Group: Census

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Add Clients to Group Census

Options

Return

| | Client ID | Client Name | Gender | SSN | DOB | Phone |
|---------------------|-----------|-------------|--------|-----------|------------|-------|
| Add | | | Male | 999999999 | 07/12/1970 | |
| 1 | | | | | | |

1. Click to add

2. Click if there are more people to add

3. Click when done adding

Finish New Search

Create a Group: Census

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

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Administrative

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7100-SFV CMHC CENTE:7100A-SFV CMHC

jgarciabagues

Group Census

?

Options

Return

We have added our client to the Census tab

Search Groups

Create Group

Daily Log

Details

Leads

Census

Attendance Hx

Syllabus

| Name | Location | Primary Dx | Phone | Primary | |
|---|---------------------|------------------------------|-------|---------------|--|
| Test example | 7100-SFV CMHC CENTE | Schizophrenia, Paranoid Type | | ADAMS-SFV9368 | |
|  | | | | | |
| 1 | | | | | |

Click to add more clients

Click

Continue

Total Clients: 1

Max Attendees: 25

Add Group Session

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Group Attendance

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Syllabus

| Date | Clients Represented | Total People Present | # of Clinicians |
|------|---------------------|----------------------|-----------------|
| + | | | |
| 1 | | | |

Click on either options to add a group session

Continue

Add Group Session: Providers

The screenshot shows a web application interface for adding group sessions. At the top, there are navigation tabs: 'Home', 'Clinical' (highlighted), 'Administrative', 'Plan', and 'CIOB'. Below these is a header bar with the text '7100-SFV CMHC CENTE:7100A-SFV CMHC'. The main title of the page is 'Providers'. On the left, there is a sidebar with an 'Options' section containing a 'Return' link. The main content area has two tabs: 'Providers' (active) and 'Clients'. Under the 'Providers' tab, there is a section titled 'Add provider:' with a dropdown menu showing 'ADAMS-SFV9368'. Below this are two buttons: 'Add >>' and 'Add All >>'. To the right of the dropdown, there is a 'Date:' field and a 'Total Time:' section with 'Hours' and 'Minutes' input boxes. At the bottom right, there is a 'Continue' button. Five numbered callouts provide instructions: 1. Enter date of service (points to the Date field), 2. Names of staff participating in this group are displayed here (points to the Providers tab), 3. Enter total time (not face-to-face time) of the provider whose name is shown on the screen. Total time includes face-to-face time, documentation, and other appropriate reimbursable time (points to the Total Time section), 4. Click to add the staff's time to the list (points to the Add >> button), and 5. Click (points to the Continue button).

2. Names of staff participating in this group are displayed here

1. Enter date of service

4. Click to add the staff's time to the list

3. Enter total time (not face-to-face time) of the provider whose name is shown on the screen. Total time includes face-to-face time, documentation, and other appropriate reimbursable time

5. Click

Options
Return

Providers Clients

Add provider:
ADAMS-SFV9368

Add >> Add All >>

Date:

Total Time:

Hours
Minutes

Continue

Add Group Session: Clients

1. Client names are in this drop down list

This is the duration from the group details screen. It has no bearing on claiming, and should not be changed

2. Associate client with responsible lead as indicated on the Group Service Log. This must be the person who will be writing the notes in the client's clinical record.
The responsible lead will be the rendering provider for this claim, which will be listed on their daily log.

- 3.
- Enter a number if collateral is present.
 - For collateral type, enter whether "Family or Non-Family".
 - For Non DMH Group Member, enter a number of attendees.

4. Click to add a client to the list. Repeat 1-4 For the next client

Click

Add Group Session: Non DMH Clients

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Add Group Session - Clients

Options **Providers** **Clients**

Return

Client: Test, Blue ☒ Present Date: 10/24/2008

Resp. Lead: GRAY-E279426 Duration: 0

Collateral: 0

Collateral Type: **Add >>**

Non DMH Group Member: 3 **Add Non DMH Client**

| Name | Collateral | NonDMH | Resp Lead |
|--------------------|------------|--------|----------------|
| Example | 0 | | ARROYO-0124939 |
| Tester, Tersteree | 0 | | ARROYO-0124939 |
| 1 | 0 | X | |
| 2 | 0 | X | |
| Tester, Exampleone | 0 | | GRAY-E279426 |
| 1 | | | |

Continue

1. Enter a number for each non-provider client

2. Click to add the non-provider client

Add Group Session: Confirm

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Add Group Session - Confirm

Options

Return

Date: 02/08/2008 Duration: 30

| Name | Col | Collat. Type |
|---|-----|--------------|
| <input checked="" type="checkbox"/> Test, Example | 0 | |
| 1 | | |

of DMH Clients Represented: 1

of Group members not enrolled in DMH: 0

| Name | Hours | Minutes |
|---------------|-------|---------|
| ADAMS-SFV9368 | 1 | 30 |
| 1 | | |

Total # of Minutes: 90

Cancel OK

Click

All clients' name would be listed here.

This screen summarizes who attended the session and for how long. Once you have confirmed the details, click OK to generate the service record for each client represented (in person, or by collateral). The service record will appear in each of the associated rendering provider's daily log.

Add Group Session: Billing

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Group Attendance

Options
Return
Change Provider
View Groups
Add Group Session
Search Groups
Create Group
Daily Log

Details Leads Census Attendance Hx Syllabus

| Date | Clients Represented | Total People Present | # of Clinicians |
|------------|---------------------|----------------------|-----------------|
| 02/08/2008 | 1 | 1 | 1 |
| + | | | |
| 1 | | | |

Claim group session by going back to each client's service screen. You will see a paper icon; click on it to submit claim.

Or click to get to the client you want to claim for.

Continue

Add Group Session: Billing

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CI0B

7100-SFV CMHC CENTE:7100A-SFV CMH

jgarciabagues

X

Group Attendance History

?

Options

Return

Date: 02/08/2008

Duration: 30

| Present? | Client ID | Name | Col | Collat. Type |
|----------|-----------|---------------|-----|--------------|
| X | | Test, Example | 0 | |
| 1 | | | | |

Click to go back to Client Information Screen. Then click on View Episodes, click on the Episode # and see the unclaimed service (paper icon), and click on it to go to the client's claim screen, or click on the pencil icon to view the group session. Claiming is done when you finally click submit on the claim screen for each individual client.

Total # of Minutes: 90

Group Syllabus

The screenshot shows a web application interface for the Los Angeles County Department of Mental Health. The header includes the department name and a navigation bar with tabs: Home, Clinical (selected), Administrative, Plan, and CIOB. Below the header, a blue bar displays the user's session information: 7100-SFV CMHC CENTE:7100A-SFV CMHC and the username jgarciabagues. The main content area is titled "Group Syllabus" and features a sidebar with "Options" such as Return, Change Provider, View Groups, Add Group Session, Search Groups, Create Group, and Daily Log. The main area has tabs for Details, Leads, Census, Attendance Hx, and Syllabus (selected). A large text area is outlined with a green border and contains the text "This is where you write notes". At the bottom of the main area are buttons for Clear, Restore, and Save. A callout box labeled "Click" points to the Save button. A help icon (?) is located in the top right corner of the main content area.

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Group Syllabus

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Syllabus

This is where you write notes

Click

Clear Restore Save

EXERCISE 17

Community Outreach Services (COS):

- Use the Daily Log
- Add a Community Service
- How to Edit Community Service

Using the Daily Log

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | Home Clinical A

7100-SFV CMHC CENTE:7100

Daily Log - Search

Options

- Return
- Change Provider
- Find Client
- Client List
- Client Case Load

Rendering Provider

Service Date

Click

Select rendering provider

Select service date

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Daily Log

Selected Date: 02/06/2008 Rendering Provider: ADAMS, CASSANDRA-[SFV9368]

Options

- Return
- Change Provider
- Find Client
- Client List
- Client Case Load
- Add Comm Svc

| DMH ID | Name | Service Date | POS | Total Time | # Staff | Procedure | M | S | C |
|--------|---------------|--------------|-----|------------|---------|-----------|---|---|---|
| 1 | Test, Example | 02/06/2008 | 11 | 104 | 1 | 90801 | X | S | i |

Click to go to COS screen

Community Outreach Services (COS)

- Entering COS is fairly simple because there is no billing involved; it's just recording an event. Billing is done by sending an invoice to the DMH Financial Services Bureau. Run the IS 220 to see your COS on a report.
- On the Find Client screen you will see the Daily Log link under the Options menu.
- In Order to enter COS you need to click on the Daily Log link; this will take you to the Daily Log Search screen where you will select the rendering provider responsible for the COS. You then need to enter the service date and click on Search.
- On the Daily Log screen, click on Add Comm. Svs. under Options.
- The Add Community Service screen will be displayed. Start entering COS.

Community Outreach Services

DMHISP | Clinical | Community Service - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media

Address

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY;1904A-ANTELOPE VALLEY

Add Community Service

Options

Return

Date of Service: RP: # of People Contacted:

Service Recipient Type:

Service Location Information: Service Type Desc:

Ethnicity: Origin:

Primary Lang: Tribe:

Program Area: Age Category:

Handicap: Duration (FMI):

Funding Source:

Service Code:

Additional Participating Staff

Add >>

| Name |
|------|
| 1 |

Save Cancel

Complete this page according to your COS sheets

Confidential patient information, see California Welfare and Institution Code section 5328.

Community Outreach Services

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

jgarciabagues

Daily Log

Selected Date: 02/08/2008 Rendering Provider: ADAMS, CASSANDRA-[SFV9368]

?

Options

Return

Change Provider

Find Client

Client List

Client Case Load

Add Comm Svc

| DMH ID | Name | Service Date | POS | Total Time | # Staff | Procedure | M | S | C |
|--------|---------------------|----------------------------|-------------|------------|---------|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| N/A | N/A | 02/08/2008 | | 1 | 1 | Community Client Services <i>i</i> | | | |
| | TestClient, Example | 02/08/2008 | 11 <i>i</i> | 120 | 1 | 90801 <i>i</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Test, Example | 02/08/2008 | 11 <i>i</i> | 90 | 1 | 90853 <i>i</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

1

Click to edit the COS; this will take you to the daily log where you will see the service recorded.

Note: you can access past services through the daily log.

Edit Community Service

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

Edit Community Service

Options

DOS: 2/8/2008 RP: ADAMS, CASSANDRA-[SFV9368]

Return Service Recipient Type: CalWORKs # of People Contacted: 5

Service Location Information: Service Type Desc:

Ethnicity: 03-Hispanic Origin: Mexico

Primary Lang: 01-English Tribe:

Program Area: Disaster Response Age Category: 25-44

Handicap: 00-Not physically disabled/no significant Duration (FMI): 3

Funding Source: CGF

Service Code: Community Client Services

Additional Participating Staff

| Name |
|------|
| 1 |

Click

Save Cancel